1									Application or Docket Number							
	PATENT APPLICATION FEE DETERMINATION RECOR									Application or Docket Number						
Effective October 1, 2003													10			
		SMALL TYPE	. EI	ITHEY	OTHER THAN											
(Column 1) (Column 2)											OR	SMALL	ENTITY			
TOTAL CLAIMS			2/					RATE FEE		FEE		RATE	FEE			
FOR			NUMBER	FILED	NUMBER EXTRA			BASIC FEE 385.00		385.00	OR	BASIC FEE	770.00			
TOTAL CHARGEABLE CLAIMS			2/mi	nus 20=	•			X\$ 9= 9		9	OR	X\$18=				
INDEPENDENT CLAIMS				inus 3 =				X43=		7	OR	X86=				
ML	JLTIPLE DEPEI	NDENT CLAIM P	RESENT				+145=				OR	+290=				
• 11	the difference	in column 1 is	less than z	ess than zero, enter "0" in column-2				TOTAL 299		OR	TOTAL					
	CLAIMS AS AMENDED - PART II								•		-	OTHER	THAN			
	(Column 1) (Column 2) (Column 3)							SMAL	L E	YTITM	OR	SMALL	ENTITY			
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
AMENDMENT	Total	.21	Minus	- 21		2		X\$ 9=			OR	X\$18=				
AME	Independent	[· /	Minus	***]		•	X43=				ОЯ	X86=				
Ľ	FIRST PRESE	NTATION OF MI	PENDENT	CLAIM	لــــــــــــــــــــــــــــــــــــــ	Ī	+145=		·	OR	+290=					
								TOTA				TOTAL				
	1 0-10-5								EL	· ·	OR	ADDIT. FEE				
	That	(Collugin 1)	T	(Colun		(Column 3)	F		_	ADDI-	1		ADDI-			
AMENDMENT B	100	RÉMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	ŀ	TIONAL		RATE	TIONAL FEE			
	Total ·	· 20	Minus	• /	21		I	X\$ 9=			OR	X\$18=				
AME	Independent	NTATION OF MIL	Minus		3		丰	X43=	1		OR	X86=				
ب	FINS I PRESE	NIAHON OF MIL	JUIPLE DE	PENUENT				+145=			OR	+290=				
								TOTA			I	TOTAL	•			
	10-1 · · · · · · · · · · · · · · · · · · ·								ΞL	لــــــــــــــــــــــــــــــــــــــ	U A ,	ADDIT. FEE				
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST																
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE		ADDI- TONAL		RATE	ADDI- TIONAL			
OME	Total ·		Minus	PAID?			ŀ	X\$ 9=	†	FEE	OR	X\$18=	FEE			
	Independent	•	Minus	***			ŀ		╁							
	FIRST PRESE	NTATION OF MIL	ILTIPLE DEF	ENDENT	CLAIM		·	X43=	4		OR	X86=	i			
			+145=			OR	+290=									
t	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **OPT ADDIT. FEE ADDIT. FEE ADDIT. FEE															
· ••••]	f the "Highest Nur The "Highest Nurr	mber Previously Pa ber Previously Pak	ild For' (N THI I For' (Total or	S SPACE is Independe	less that nt) is the	n 3, enter "3." highest number				opriate box						

SWID 721135 BEST AVAILABLE COPY

FORM PTO-875 (Rev. 1903)

Patent and Trademain Office, U.S. DEPARTMENT OF COMMERCE